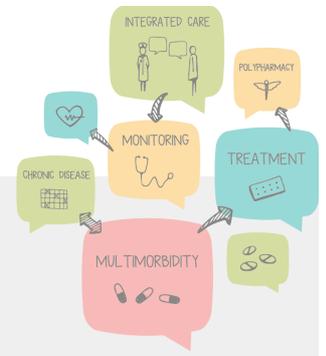


Which priorities for a European policy on **multimorbidity** ?

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Thon Hotel EU



HIGHLIGHTS AND CONCLUSIONS FROM THE CONFERENCE

Insights from DG SANTE's Director-General Xavier Prats Monné

- > “Multimorbidity is a long word that hides long suffering.”
- > “Multimorbidity means breaking silos, not treating patients one discipline at a time. A paradigm shift from a disease-oriented approach to a patient-oriented approach is necessary to adopt efficient and effective prevention and cure measures: we need to look through the patient lens.”
- > “We are here today because we all consider that working on multimorbidity is urgent and relevant and because we see an added-value in working together.”

Sharing existing knowledge

Current evidence base, successes, challenges and gaps

Inspiring experiences on dealing with multimorbidity were brought by 4 “story tellers”:

- > Using patient reported outcomes in primary care for people with multiple chronic conditions (José María Valderas, Hospital of Exeter – United Kingdom)
- > Implementing care services at regional level based on patient-individualised health and care planning, a multidisciplinary team and community resources: the Potku example (Finland) (Mieke Rijken, NIVEL – The Netherlands)
- > Developing an evidence-based patient-centred care model for multimorbidity under the Joint Action CHRODIS (Graziano Onder, CHRODIS Joint Action – Italy)
- > The real experience of a multimorbid patient: shortcomings of the current disease-oriented model (Regina Roller-Wirnsberger, European Union Geriatric Medicine Society – Austria)

Problems of the current system highlighted:

- Current system hard to navigate, fragmented, focused on diseases and not on the patient
- Services not integrated within the health system
- Lack of coordination between health and social care
- Lack of communication and transmission of patient health information among health care professionals (HCP)



Positive impact of multimorbidity interventions on patient health outcomes:

- Increased patient-centeredness
- Better quality of life outcomes and not only better health outcomes
- Higher patient satisfaction level
- Increased patient involvement and responsibilities: "working with them and not for them"
- Reduction of drug interactions and adverse drug events
- Increased continuity of care
- Reduction of mortality rates

Positive impact of multimorbidity interventions on healthcare systems:

- Reduction of the use of health care resources (e.g. visits to GPs and hospitalizations)
- Increased effectiveness in the use of health care resources (e.g. increased responsibilities for other healthcare profiles as nurses and pharmacists)

Obstacles, challenges and gaps to be addressed to fully deploy interventions:

- Complexity of working in multidisciplinary teams across HCP
- Unfit health care education and training system for a patient-centred approach
- Limited time availability of HCP
- Scarcity of guidance and evidence on practical interventions for HCP
- Gaps in evidence on cost-effectiveness and health system performance, especially in the long-term
- Poor deployment and interoperability of ICT solutions for data transfer
- Absence of standardisation in the utilisation of data, hard to compare
- Lack of leadership and change management support by managers

Success elements that should guide the way we work on multimorbidity:

- Adapting the care system to multimorbid patients instead of fitting the patient into the current system
- Using the « Chronic Care Model » as a starting point
- Using risk stratification tools
- Introducing individualised care plans
- Training health care professionals to form multidisciplinary teams
- Setting up clear defined responsibilities
- Promoting higher involvement of patients and families
- Setting up a "reference person" increasing accessibility to health care services

Defining main elements to build a common framework on multimorbidity

During the first round of breakout sessions, stakeholders proposed the main priorities to be addressed to build a common framework of activities.



RESEARCH:

- A more precise and operational definition needed
- More research in the following fields:
 - Epidemiology, risks factors and determinants
 - Polypharmacy, drug-drug interaction
 - Observational studies
 - Clinical trials (inclusion of patients with multimorbidity)
 - Clinical practices/interventions: more evidence needed
 - Risk stratification to target sub populations



HEALTH CARE ORGANISATION:

- Evidence-based care model to be adapted to national and regional specificities
- Implementation of integrated care pathways
- Integration and interoperability of ICT and eHealth systems for the exchange of data across services and professionals
- Adaptation of health professionals' education curricula with a more patient-centred and multidisciplinary approach and training on shared decision-making
- Introduction of change management interventions to change current mind-set, including a multistakeholder approach
- Development of decision making tools and risks stratification tools to tailor interventions to patients' needs
- Definition of standards to translate evidence into practice



COST – EFFECTIVENESS AND FINANCING:

- Encouraging synergies between patient-centred and budget-centred measures
- Broadening the current type of outcomes (e.g. include well-being measures)
- Definition of targets and expected outcomes to develop financing schemes
- More evidence needed on cost effectiveness and on long-term interventions' effectiveness (e.g. prevention interventions)
- Comparable and uniform ways/ methods to measure cost effectiveness
- Raising awareness on the burden of multimorbidity through economic data



PATIENT ENGAGEMENT:

- Promotion of citizen engagement beyond patient engagement
- Tailored patient information and education to raise awareness and increase responsibility on self-care management
- Higher patient involvement in the decision-making process
- Patient involvement in clinical studies and trials
- Promotion of prevention initiatives
- Support to multimorbid patients to stay active at work

How to address the priorities identified so far?

During the second breakout session, stakeholders focused their attention on their chosen priorities and defined what could be done together to address them:

Topic n°1: Building trust between stakeholders

Topic n°2: How to help multimorbid patients to formulate their goals/preferences

Topic n°3: Sharing big data / how to design a EU study on multimorbidity (population size, min data set etc.)

Topic n°4: Clinical practice guidelines

Topic n°5: Care models in multimorbidity

Topic n°6: Evidence based knowledge resources for clinicians and the public on key diseases clusters

Topic n°7: Involvement of patients' organisations at all levels of decision making and research

Topic n°8: How to promote a multistakeholder approach and a mind-set change

Topic n°9: Build upon existing evidence based and experiences of last two years in research

Topic n°10: Financing and remuneration

Insights from DG SANTE's Deputy Director-General Martin Seychell

> “The European Commission will work to support and facilitate the implementation of interventions at national and regional level and to address the concerns you have raised.”

> “The European Commission will follow-up on the work conducted here today and take into account your relevant inputs that will be mainstreamed into our policy work.”

